

# Horse Health Declaration

RIDER ZONE: \_\_\_\_\_

**Owner and/or person in charge of horse – Please provide details of both if different**

**Date:**

<b>Full name:</b>			
<b>Full address:</b> (residential)			
	<b>Postcode:</b>		
<b>Phone number:</b>		<b>Mobile number</b>	
<b>Email:</b>			

## Property of Origin of Horses

<b>Full address: if different to above</b>					
	<b>Postcode:</b>				
<b>PIC number:</b>					
<b>Breed</b>	<b>Description/ Sex</b>	<b>Microchip No/ Brands</b>	<b>Registered name</b>	<b>Stable Name</b>	<b>Has the horse been HeV vaccinated? If so date.</b>
Thoroughbred	Chestnut gelding	9390000005624631	May Lodge Fudge	Fudge	

Are you stabling horse/s overnight?

(Please tick)

Yes

No

## Declaration by owner or person in charge of horse/s

I, declare that the horse/s named above has / have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to this event . I give my authorisation for the Event committee/TD to call for veterinary inspection of the horse/s named above, should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred as a result of this veterinary examination.

I AGREE TO ENSURE THAT:

1. If required before movement, all horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and washed with shampoo.
2. All vehicles and equipment accompanying the horses shall be in a clean condition at the start of travel to the above mentioned event.
3. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions and directions of the PCA NSW rules and regulations and Event organisers.
5. I acknowledge that failure to comply with the above may result in refusal of entry to the venue, disqualification or other disciplinary action as decided by PCA NSW Judiciary / Disputes Committee.
6. In the event of horse movement restrictions, each participant will be responsible for the full care, maintenance and cost of their horse including feeding, agistment and veterinary costs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## This section for event organizers to complete

The above horse has undergone a visual check and at this stage is deemed to be fit to enter the venue. If at a later time this horse shows any symptoms which may pose a biosecurity risk this horse will be re-accessed and may be quarantined.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name